

1921

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 154	
County <u>Gila</u>	District <u>Globe</u>	County Registered No. 29	
Town Or City <u>Globe</u>		Local Registrar's No. _____	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>South Decemaur</u> St.			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Ezra L. Vinyard</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	DATE OF DEATH <u>July 20</u> 191 <u>9</u> (Month) (Day) (Year)	
MARRIED WIDOWED or DIVORCED		I hereby certify, that I attended deceased from <u>1-15</u> 191 <u>9</u> to <u>1-20</u> 191 <u>9</u> ; that I last saw him alive on <u>1-20</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>12:30 PM</u> . The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u> <u>following influenza</u>	
DATE OF BIRTH <u>Unknown</u> 191____ (Month) (Day) (Year)		(Duration) ____ yrs ____ mos ____ days	
AGE <u>38</u> yrs ____ mos ____ days ____ hrs ____ min. If less than 1 day ____		Was disease contracted in Arizona? <u>Yes</u> If not, where? _____	
OCCUPATION (a) Trade, profession or particular kind of work <u>Miner</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		CONTRIBUTORY <u>Tuberculosis</u> (Duration) ____ yrs ____ mos ____ days	
BIRTHPLACE (State or country) <u>Arizona</u>		(Signed) <u>Dr. J. J. Judd</u> <u>1-23</u> 191 <u>9</u> (Address) <u>Globe</u>	
NAME OF FATHER <u>John A. Vinyard</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF FATHER (State or Country) <u>Indiana</u>		LENGTH OF RESIDENCE <u>Life</u>	
MAIDEN NAME OF MOTHER <u>Mary E. Korner</u>		At place of death ____ yrs ____ mos ____ ds. In Arizona ____ yrs ____ mos ____ ds.	
BIRTHPLACE OF MOTHER (State or Country) <u>Arkansas</u>		Former or Usual Residence _____	
The Above Is True to the Best of My Knowledge (Informant) <u>Brother</u> (Address) <u>Globe</u>		Filed <u>Jan 21</u> 191 <u>9</u> <u>B. G. J. J.</u> Local Registrar	
PLACE OF BURIAL OR REMOVAL <u>Globe</u>		DATE OF BURIAL OR REMOVAL <u>July 22</u> 191 <u>9</u>	
UNDERTAKER <u>J. L. Jones Son</u>		Address <u>Globe</u>	
		Filed <u>Feb 5</u> 191 <u>9</u> <u>B. G. J. J.</u> County Registrar	